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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *No, DSN*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *No, DSN*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 1	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>DSN</i> Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

Cross laminated oriented plastic film with integral paperboard core

FILING FEE  RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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